



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 6955

| SERIAL NUMBER   | FILING or 371(c)<br>DATE  | CLASS  | GROUP ART UNIT          | ATTORNEY DOCKET<br>NO. |                            |
|---|---|--|-------------------------|------------------------|----------------------------|
| 10/597,079  | 07/11/2006  | 607  | 4123                    | PHUS040020US2          |                            |
| <b>RULE</b>   |   |  |                         |                        |                            |
| <b>APPLICANTS</b><br>James Knox Russell, Bainbridge Island, WA;<br>Thomas Dean Lyster, Bothell, WA;<br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/IB05/50056 01/05/2005<br>which claims benefit of 60/536,763 01/15/2004<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>04/10/2007 |   |  |                         |                        |                            |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Verified and Acknowledged <u>/NICOLE F LAVERT/</u><br>Examiner's signature  | <input type="checkbox"/> Met after Allowance<br>NFL<br>Inmate   | STATE OR<br>COUNTRY<br>WA                                    | SHEETS<br>DRAWINGS<br>0 | TOTAL<br>CLAIMS<br>26  | INDEPENDENT<br>CLAIMS<br>5 |
| <b>ADDRESS</b><br>PHILIPS INTELLECTUAL PROPERTY & STANDARDS<br>595 MINER ROAD<br>CLEVELAND, OH 44143<br>UNITED STATES   |   |  |                         |                        |                            |
| <b>TITLE</b><br>Adaptive physiological monitoring system and methods of using the same  |   |  |                         |                        |                            |
| <b>FILING FEE<br/>RECEIVED</b><br>1600  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                            |                         |                        |                            |
|   |   | <input type="checkbox"/> 1.16 Fees (Filing)                  |                         |                        |                            |
|   |   | <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) |                         |                        |                            |
|   |   | <input type="checkbox"/> 1.18 Fees (Issue)                   |                         |                        |                            |
|   |   | <input type="checkbox"/> Other _____                         |                         |                        |                            |
|   |   | <input type="checkbox"/> Credit                              |                         |                        |                            |